

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/19/2006

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD980777627

INSTALLATION NAME: | EQUITY OFFICE PROP LLC

INSTALLATION ADDRESS:

1095 AVENUE OF THE AMERICAS

NEW YORK, NY 10036

MAILING ADDRESS:

527 MADISON AVE 5TH FLOOR NEW YORK, NY 10022

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: EQUITY OFFICE PROP LLC

or Current Occupant

ATTN: KEVIN DEVINE

527 MADISON AVE 5TH FLOOR

NEW YORK, NY 10022

\$2002/004 99

11 px offulos

owner

OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO:	United States Environmental Protection Agency 2006 SE -8 AM 9: 53						
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for	Reason for Submittal:		BRANCH				
Submittal (See instructions on page 13.)	To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)						
MARK ALL BOX(ES)	☐ To provide Subsequent Notification of Regulated	d Waste Activ	vity (to update site identification information)				
THAT APPLY	☐ As a component of a First RCRA Hazardous Wa	işte Part A P	ermit Application				
	☐ As a component of a Revised RCRA Hazardous	Waste Part	A Permit Application (Amendment #)				
	☐ As a component of the Hazardous Waste Repor	t					
2. Site EPA ID Number (page 14)	EPA ID Number NYD, 980,7	7.7.7.1	0,2,7				
3. Site Name (page 14)	Name: Equity Office	Name: Equity of the RIOS 2187 Police Street Address: 1095 Aremore at the Americas City, Town, or Village: 1100 thek State: 1136-6704 Site Land Type: Et Private County District Federal Indian Municipal State Other					
4. Site Location	Street Address: 1095 Arcove at	An An	901124 S				
Information (page 14)	City, Town, or Village: Men took		State: NY				
	County Name:	County Name:					
5. Site Land Type (page 14)	Site Land Type: ÆTPrivate © County © Distric	t 🖸 Federal	☐ Indian ☐ Municipal ☐ State ☐ Other				
6. North American Industry Classification	A.	B. I_					
System (NAICS) Code(s) for the Site (page 14)	C.	D, l_	<u> </u>				
7. Site Mailing	Street or P. O. Box: 52+ Mydiso.	· Ave.	, 5 th Flour				
Address (page 15)	City, Town, or Village: New York						
	State: NY						
	Country:		Zip Code: 10022				
8. Site Contact	First Name: Krun	MI:	Last Name: Devine				
Person (page 15)	Phone Number: 2/2 - 339 - 5/7/Extension: Email address:						
9. Operator and Legal Owner of the Site	A. Name of Site's Operator: Garage Office of County In Poster	LLC D Federal	Date Became Operator (mm/dd/yyyy):				
(pages 15 and 16)	Operator Type: 72 Private County County County	(mar (\$000) 51	a maiari a iviamopal a state a strict				
	B. Name of Site's regal Owner: For L	4	Date Became Owner (mm/dd/yyyy): April Ob				
	Owner Type: SpPrivate County CD District	t 🛚 Federal	☐ Indian ☐ Municipal ☐ State ☐ Other				

Call Frish Sayeox 908.688-7805

EPA ID NO: III				OMB#: 2050-0028 Expires 1/31/2006
9. Legal Owner	Street or P. O. Box: 52	7 Madiso	n Ave	. 5 = Floor
(Continued) Address	City, Town, or Village:	lew York		
Addiess	State: NY			
	Country: US/		Zip C	ode: 10022
10. Type of Regulated Mark "Yes" or "No	Waste Activity " for all activities; complete an	y additional boxes a	s instructed. (Se	e instructions on pages 17 to 20.)
A. Hazardous Was				
Complete all pa	rts for 1 through 6.		Y TINK Z 2. Tr:	ansporter of Hazardous Waste
	noose only one of the following	g - a, b, or c.	ייי יב שקיוש י	anoportor or viazar abad vizate
	Greater than 1,000 kg/mo (2,20 of non-acute hazardous waste	00 lbs./mo.)	Ha A I	eater, Storer, or Disposer of izardous Waste (at your site) Note: hazardous waste permit is required for sactivity.
a∕b. sqc	: 100 to 1,000 kg/mo (220 - 2,20 of non-acute hazardous waste			s activity. ccycler of Hazardous Waste (at your
	QG: Less than 100 kg/mo (220 li of non-acute hazardous was	ste	Y 🗀 N 🏿 5. Ex	rempt Boiler and/or Industrial
•	indicate other generator activit		If '	"Yes", mark each that applies. a. Small Quantity On-site Burner
•	ed States Importer of Hazardous d Waste (hazardous and radioad		ប	Exemption b. Smelting, Melting, and Refining Furnace Exemption
			Y □ N 🗹 6. Uı	nderground Injection Control
B. Universal Wast				Oil Activities ill boxes that apply.
5,000 kg o determine waste gen	ntity Handler of Universal Was r more) [refer to your State reg what is regulated]. Indicate ty erated and/or accumulated at exes that apply:	gulations to pes of universal your site. If "Yes",	If "	ed Oil Transporter 'Yes", mark each that applies. a. Transporter b. Transfer Facility
a. Batteries	<u>Generat</u>	e Accumulate		ed Oil Processor and/or Re-refiner 'Yes'', mark each that applies.
b. Pesticide	s 🗓	٥	20020	a. Processor
c. Thermost	ats 📮		"	b. Re-refiner
d. Lamps	0		Y 🗆 N 🗷 3. Of	f-Specification Used Oil Burner
e. Other (sp	ecify)	Q		ed Oil Fuel Marketer
f. Other (sp	ecify)	Q	['Yes", mark each that applies.
į .	ecify) 🚨	a		Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	n Facility for Universal Waste ardous waste permit may be req	uired for this activity.		b. Marketer Who First Claims the Used Oil Meets the Specifications

PA ID NO: I	111				OMB#: 2050-0028	Expires 1/31/2006
11. Description	of Hazardous Waste	es (See instruction	s on page 21.)			
handled at	des for Federally Re your site. List them in page if more spaces a	n the order they are	Wastes. Please lipresented in the reg	st the waste codes of gulations (e.g., D00	of the Federal hazardo 1, D003, F007, U112).	us wastes Use an
0001						***************************************
				ma 12.1.1		
hazardous	des for State-Regula wastes handled at you es are needed for was	our site. List them in	eral) Hazardous Wa I the order they are	estes. Please list the presented in the reg	e waste codes of the Sulations. Use an addi	State-regulated itional page if
12. Comments	(See instructions or	n page 21.)				
						8 M 9: 53
in accordance w on my inquiry of information subo penalties for sub For the RCRA h	ith a system designed the person or person mitted is, to the best o pmitting false informat	d to assure that qua s who manage the s if my knowledge and ion, including the po	lified personnel prop system, or those per d belief, true, accura ossibility of fine and	perly gather and eva rsons directly respon ite, and complete. I imprisonment for kr	pared under my direct fluate the information s nsible for gathering the arm aware that there a lowing violations. In (see 40 CFR 270.10	submitted. Based e information, the re significant
Signature of op authorized rep	perator, owner, or a resentative	Name and Off	ficial Title (type or	print)		Date Signed (mm/dd/yyyy)
Mus How	chrain-	Chris Hirs	schman, En	v. Scientist,	Hillmann Groy	0 9/6/06
		f	oh: 908-6	88-7800	Hillmann Groy	

Report run on:

September 11, 2006 - 12:28 PM

EPA Region 02 Extract Flag: Y Facility Iden Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA S		
Universes Generator:	N Transporter: N IC In Place: N	Active: N El Indicator (HE / GW): N / N
Activity Location: NY Source Type: Implementer	Seq. Number: 1	Receive Date: 05 APR 1995
Other/Previous Site Name: NEW YORK TELEPHONE CO		
Location 1095 AVE OF THE AMERICAS Address: ROOM 4137 NEW YORK, NY 10036	Mailing Address:	1095 AVE OF THE AMERICAS ROOM 4137 NEW YORK, NY 10036
Land Type: Bad code - Non Notifier: No Accessibility: No. Employees:	Commercial Availabii State District: NYSDI	
Notes: Update 10/03 to ensure Leg_Dist is associated with Regulated Waste Activities		
Hazardous Waste Generator Status - Federal: Not a Gen		
Transfer Facility: Unknown	Used Oil Activities	
Other Hazardous Waste Generator Activities	Used Oil Transporter Activity	
Importer Activity: Unknown Mixed Waste Generator: Unknown	Transporter: Transfer Facility:	No Used Oil Fuel Marketer Activity No
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity	Marketer who directs shipment off-specification used oil to off-specification used oil burner:
Recycler Activity: No	Processor: Refiner:	No Marketer who first claims the used
Exempt Boiler and/or Industrial Furnace	Reillier.	No oil meets the specifications:
Small Quantity Onsite Burner Exemption: Unknown Smelting, melting, Refining Furnace Exemption: Unknown	Underground Injection Control:	Destination Facility for No Universal Waste:
Description of Hazardous Wastes (as reported on Site Ider EPA Waste Codes: NONE	tification Form)	
Activity Location: NY Source Type: Notification	Seq. Number: 1	Receive Date: 23 MAR 1994
Other/Previous Site Name: NEW YORK TELEPHONE CO		
Location 1095 AVE OF THE AMERICAS Address: ROOM 4137 NEW YORK, NY 10036	Mailing Address:	1095 AVE OF THE AMERICAS ROOM 4137 NEW YORK, NY 10036
For Source (212) 395-2254 ROO	AVE OF THE AMERICAS 4 4137 YORK, NY 10036	
Owner (current) NEW YORK TELEPHONE CO From: To:	1095 AVE OF THE AMERICAS NEW YORK, NY 10036	Type: Private Phone: (212) 395-2254
Land Type: Bad code - Non Notifier: No	Commercial Availab	ility: Other - U Tsd Date:

RCRA Site Detail

Report run on:

September 11, 2006 - 12:28 PM

NYD980777627 NEW YORK TELEPHONE CO

Continued...

Regulated Waste Activities

Transfer Facility:	Unknown	Used Oil Activities				
Other Hazardous Waste Generator Activities		Used Oil Transporter Activity		Off-Specification Used Oil Burner:	No	
Importer Activity: Mixed Waste Generator:	Unknown Unknown	Transporter: Transfer Facility:	No No	Used Oil Fuel Marketer Activity		
Transporter Activity: TSD Activity:	No No	Used Oil Processor and/or Re-refiner Activity		Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No	
Recycler Activity: No		Pofinor:		Marketer who first claims the used oil meets the specifications:	No	
Exempt Boiler and/or Industrial Furnace			110	on meets the specifications.	IVC	
Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption:	Unknown	Underground Injection Control:	No	Destination Facility for Universal Waste:	**********	

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D000, D011

^{*} End of Report *



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/28/94

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD980777627

FACILITY NAME -> NEW YORK TELEPHONE CO

MAILING ADDRESS -> 1095 AVENUE OF THE AMERICAS ROOM 4137

NEW YORK, NY 10036

INSTALLATION ADDRESS -> 1095 AVENUE OF THE AMERICAS

ROOM 4137

NEW YORK, NY 10036

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

SMIDA, JAMES TO: ASSOCIATE DIR NEW YORK TELEPHONE CO 1095 AVENUE OF THE AMERICAS ROOM 4137 NEW YORK, NY 10036

Please refer to the Instructions for Filling Notification before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of

(For Official Use Only)

Date Received

Regulated Waste
Activity
United States Environmental Protection Agency

1. Installation's EPA ID Number (Mark 'X' in the appropriate box)
A. First Notification (complete item C) A. First Notification (complete item C) A. First Notification (complete item C)
II. Name of Installation (Include company and specific site name)
NEW YORK TELEPHONE CO
III. Location of Installation (Physical address not P.O. Box or Route Number)
Street.
1095 AVE OF THE AMERICAS RM4137
Street (continued)
City or Town State ZIP Code
NEW YORK NY10036-
County Code County Name
MANHATTAN
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
City or Town State ZIP Code
NEW YORK I I NY 10036-1
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (last) (first)
SMIDA JAMES
Job Title Phone Number (area code and number)
STAFF DIRECTOR 212-395-2254
VI. Installation Contact Address (See Instructions)
A. Contact Address B. Street or P.O. Box
CHy or Town State ZIP Code
Th. Othlership (See Instructions)
A. Name of Installation's Legal Owner
NEW YORK TELEPHONE CO
Street, P.O. Box, or Route Number
1095 AUE OF THE AMERICAS RM4137
City or Town State ZIP Code
NEW YORK NY 10036 -
Phone Number (area code and number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year Yes No Y

			Por Official Use Unity	
VIII. Type of Regulated Waste Activity (A	Mark 'X' in the appropriate boxes			
As Say As As As As Hazardous Y		7	ed Oil Fuel Activities	
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1- a. For own waste only b For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	a. Generator Marketing	at is required actions:	Off-Specification Used Dia. Generator Marketing to b. Other Marketier b. Other Marketier c. Burner - Indicate deviction Type of Combustion Dia. Utility Boller 2. Industrial Boller 3. Industrial Furnity or On-site Burner) Who Claims the Oil Meets the Specification	D Burner ce(s) — pevice r ace Warketer First
IX. Description of Regulated Wastes (U	ce additional cheets if necessary		HE TOTAL	
A. Characteristics of Nonlisted Hazardous wastes your installation handles. (See 40 С 1. Ionitable 2. Соповіче 3. Reactive СР (2001) (2002) (2003) (2003)	CFR Paris 261.20 - 261.24) oxicity heracteristic (Usi specific EPA hexardous wi	cre number(s) for the Toxichy	cheraciensile contempant(s)	
1 2 2 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 3 1	0	5 6	
C. Other Wastes. (State or other wastes requ	uinng a handler to have an I.D. numbe	er. See instructions.)		
1 2	3		8	:
X. Certification				
I certify under penalty of law that this of accordance with a system designed to submitted. Based on my inquiry of the pathering the information, the information complete. I am aware that there are sign imprisonment for knowing violations.	to assure that qualified persons person or persons who manage the ation submitted is, to the best	nel properly gathe e system, or those of my knowledge	r and evaluate the info persons directly respoi and belief, true, accui	ormation nsible for ate, and
Signature a finish	Name and Official Title (type or Staff Director)	• •	Date Signed 4 / 13 / 94	
XI. Comments				
The request for a		ras ju eri	ror.	
New York Telephone	already has a i	EPA num	ber.	Salidres i A
Note: Mall completed form to the appropri	ate EPA Regional or State Office. (S	ee Section III of the	booklet for addresses.)	

Propose refer to the Instructions ... tor Filling Notification belone ... domphesing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of PA Regulated Waste Contact Activity #1770 United States Environmental Protection Agency

(For Official Use Only)

Date Received

I. Installation's EPA ID Humber (Mark 'X' in the appropriate box)
A. First Notification (complete item C) B. Subsequent Notification (Complete item C) C. Installation's EPA ID Number NYD980777627
II. Name of Installation (Include company and specific site name)
MEW YORK TELEPHONE (CO) III. Location of Installation (Physical address not 2.0. Box or Route Number)
Street
1095 AVENUE OF THE AMERICAS GOOM 4/37
Street (continued)
City or Town State ZIP Code
NEW YORK
County Code County Name MANHATTAN
IV. Installation Malling Address (See Instructions)
Street or P.O. Box
10195 AVENUET OF THE AMERICAS GOOM 4/137
City or Town State ZIP Code
NEW YORK WY 100361-
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (lest) (first) SMIDA VAMES
SMIDA JAMES
5MIDA IIII JAMES
SMIDA James Number (area code and number) Phone Number (area code and number)
Job Title Phone Number (area code and number) ASSOCIATE DIRECTOR VI. Installation Contact Address (See Instructions) A. Contact Address A. Contact Address B. Street or P.O. Sox Location Mailing 1095 AVENUE OF THE AMERICAS Proom 4137
Job Title Phone Number (area code and number) ASSOCIATE DIRECTOR VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box
SMIDA Job Title Phone Number (area code and number) A5SOCIATE DIRECTOR VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing NEW YORK N
Job Title Phone Number (area code and number) ABSOCTATE DIRECTOR VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Mailing TOGS AVENUE OF THE AMERICAS PROM 4/137 City or Town State ZIF Code VII. Ownership (See Instructions)
SMIDA Job Title Phone Number (area code and number) A5SOCIATE DIRECTOR VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing NEW YORK N
SMIDA Job Title Phone Number (area code and number) ASSOCIATE DIRECTOR Z/2-395-2254 VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Sox Location Mailing X/1095 AVENUE OF THE AMERICAS PROOM 4/37 City or Town State ZIP Code VII. Ownership (See Instructions) A. Name of Installation's Legal Owner NEW YORK TELEPHONE CO
Job Title Phone Number (area code and number) ABSOCTATE DIRECTOR VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Mailing TOGS AVENUE OF THE AMERICAS PROM 4/137 City or Town State ZIF Code VII. Ownership (See Instructions)
SMIDA Job Title Phone Number (2103 code and number) ASSOCIATE DIRECTOR Z12-395-2254 VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing IN JOS AVENUE OF THE AMERICAS PROOM 4/37 City or Town State ZIP Code NEW YORK VII. Ovinership (See Instructions) A. Name of Installation's Legal Owner NEW YORK TELEPHONE CO Street, P.O. Box, or Route Number 1095 AVENUE OF THE AMERICAS - Room 4/37
SMIDA Job Title Phone Number (area code and number) A5SOCIATE DIRECTOR 2/2-395-2254 VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Sox Location Mailing I B 95 AVENUE OF THE AMERICAS PROOM 4/37 City or Town State ZIP Code WILL Ownership (See Instructions) A. Name of Installation's Legal Owner NEW YORK Street, P.O. Sox, or Route Number I D 05 AVENUE OF THE AMERICAS - Brown 4/37
SMIDA Job Title Phone Number (area code and number) ASSOCIATE DIRECTOR Z/2-395-2254 VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing IDAS AVENUE OF THE AMERICAS PROM 4/87 City or Town State ZIP Code VII. Ownership (See Instructions) A. Name of Installation's Legal Owner MEW YORK TELEPHONE CO F. Street, P.O. Box, or Route Number IDAS AVENUE OF THE AMERICAS - Room, 4/37 ECRY or Town State ZIP Code NEW YORK TELEPHONE CO State ZIP Code
Job Title Phone Number (area code and number) ASSOCIATE DIRECTOR Z/2-395-2254 VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing Z/2-395-2254 VII. Ownership (See Instructions) A. Name of Installation's Legal Owner MEW YORK TELEPHONE CO State ZIP Code Street, P.O. Box, or Route Number Street, P.O. Box, or Route Number Street, P.O. Box, or Route Number State ZIP Code State ZIP Code

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Julius zeres a dela

ID - For Official Use Only - :

	NYD	198077	7627
.II. Type of Regulated Waste Activity (Mark 'X' in the appropriate bo	ixes. Reler to in		
A. Hazardous Waste Activity		8. Used Oil Fuel Acti	vitles
1. Generator (See Instructions) a. Greater than 1000kg/mo (2.200 lbs.) b. 100 to 1000 kg/mo (220 - 2.200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Treater, Storer, Disporting Note: A permit is required this activity; see Instructions activity; see Instruction to this activity; see Instruc	ired for ictions. Ing to Burner device(s) - tion Device er Boller Furnace	b. Other Marker c. Burner - Indi Typo of Com 1. Utility 2. Indus 3. Indus 2. Specification Usi (or On-side Burn	arketing to Burner cate device(s) - coste device(s) - coste device Boller trial Boiler trial Furnace ed Oil Fuel Marketer ter) Who First Claims
3. Highway 5. Underground Injection	in Convol	the Oil Meets the	3 Specification
4. Water			
5. Other - specify			Crane Charles and the Control of the Control
IX. Description of Regulated Wastes (Use additional sheets if neces	sary)		
		characteristics of poplist	M hazardous
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes of Wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)	responding to the	Characteristics of Hornist	
1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic		number(s) for the EP Tox	ic contaminant(s))
(D001) (D002) (D003) (D000) (Ust specific EFA	, nazarcous waste	Tatricer(s) for the critical	
5. Usted Hazardous Wastes. (See 40 CFH 251.31 - 33. See instructions if ye	ou need to list more	e than 12 waste codes.)	
	4	5	6
1 2 3			
	10	11	12
7 8 9		\	
	<u></u>		
C. Other Wastes. (State or other wastes requiring an I.D. number. See instru	ictions.)		
C. Other Wastes, Isides of other wastes regularly at the			
1 2 - 3	- 4	5	6
		L!!!	
X. Certification			
I certify under penalty of law that I have personally examined a	nd am (amiliac)	with the information	submitted in this
that there are significant penallies for submitting false in	ntormation, inc	duding the possibl	lity of fines and
imprisonment.			
The same of the sa			
Signagare Name and Official Title (N	rpe or print)	Date Signed	,
JAMES ASMIDH	ACCOCINE II	mecre 3/16	194
your a funte VAIIIS FT STILLS	ruscimiz b		
XI. Comments			
THIS DUMBEL WAS ALBERD	y APPL	BO FOR.	- សមាជ្រិកសេស
10713 NUMBER WITS MATERIAL			
and the same of th			
The state of the s	. 1 2:		
the same of the sa	Con Contra	III of the booklet for ad	dresses.)
Hote: Mall completed form to the appropriate EPA Regional or State Off	108- (248.24C101	••	

Please refer to the Instructions., to Filling Notification belone - completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity AGE 777

Date Received (For Official Use Only)

TECTION VII

United States Environmental Protection Agency
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)
A. First Notification B. Subsequent Notification (complete item C) B. Subsequent Notification (complete item C) C. Installation's EPA ID Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
II. Name of Installation (Include company and specific site name)
NEW YORK TELEPHOWE CO III. Location of Installation (Physical address not P.O. Box or Route Number)
Street
1095 AVENUE OF THE AMERICAS FOOM 4137 Street (continued)
City or Town . State ZIP Code
NEW YORK WX 10036-
County Code County Name
MHWHHIM
IV. Installation Malling Address (See Instructions)
Street or P.O. Box
1095 AVENUE OF THE AMERICAS GOODS 4/31
City or Town State ZIP Code
NEW 1/0/R 10/0/5/61
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (last) (first)
SMIDH
Job Title Phone Number (area code and number)
A55 OCTATE LETTECTOR 212-3951-1212514
VI. Installation Contact Address (See Instructions)
A. Contact Address Location Mailing B. Street or P.O. Box
1 X 1095 AMENUE DETATE AMERICAS GROMAS
City or Town State ZIP Code
NEW YORK NY10036-
VII. Ownership (See Instructions)
A. Name of Installation's Legal Owner
NEW YORK TELEPHONE CO
Street, P.O. Box, or Route Number
, 11095 AVE OF THE HMERICAS GOON 141/ 51/
City or Town State ZIP Code
: NEW YORK WY10036-
B. Land Typo C. Owner Typo D. Change of Owner " (Date Changed) (Da
717-305-254 ··· Yes No X

Please pool or type with ELITE type (12 characters per inch) in the unshaded wass only GSA NO. 0745-EPA OT ID - For Official Use Only -YIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) B. Used Oil Fuel Activities A. Hazardous Wasie Activity 1. Off-Specification Used Oll Fuel 3. Troater, Storer, Disposer (at installation) 1. Generator (See Instructions) a. Generator Marketing to Burner Note: A permit is required for a. Greater than 1000kg/mo (2,200 lbs.) this activity; see Instructions. b. Other Markerer b. 100 to 1000 kg/mo (220 - 2.200 lbs.) 4. Hazardous Waste Fuel Burner - Indicate device(s) - Less than 100 kg/mo (220 lbs.) a. Generator Marketing to Burnor Type of Combustion Device 2. Transporter (Indicate Mode in boxes 1-5 below) Other Marketers 1. Utility Boller a. For own waste only Burner - indicate device(s) -2. Industrial Boiler Type of Combustion Device b. For commercial purposes Industrial Furnace 1. Utility Boiler Mode of Transportation 2. Industrial Boller 1 Air 2. Specification Used Oil Fuel Marketer Industrial Furnace 2. Rall (or On-site Burner) Who First Claims 5. Underground Injection Control the Oil Meets the Specification 3, Highway 4. Water 5. Other - specify IX. Description of Regulated Wastes (Use additional sheets if necessary) Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261,20 - 261,24) 1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) (D000) (D003) (DO01) (D002) Listed Hazardous Wastes. (See 40 CFA 261.31 - 33. See instructions if you need to list more than 12 waste codes.) 6 5 3 2 1 12 11 10 9 8 7 C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.) 6 4 3 2 1 X. Certification I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my Inquiry of those Individuals Immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. Official Title (type or print) Page Signed Signature ASSOCIATE DIEBECTOR XI. Comments and the same of the same of the same of Note: Mall completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

בשות אונישים ב בינו אם אוני אם משום בינות שבים ונים ובינות אונים א

DEM	NOTIFICATION	ON OF HAZARDO	US WASTE A	CTIVITY		IONS If you			
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V. OWNERSHIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		a1 44 ·	49	. 82	4 725 64	- Fr.
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8NEW Y	ORK TE	LEPHONE						90	Marie San
tenter the appropri	OWNERSHIP rate letter into box	VI. TYPE OF HAZAI		ACTIVITY (TRANSPOR	n the appro	opriate bo	x(es)i	
F - FEDERA		C. TREAT/S	TION STORE/DISPOSE	 □•	. TRANSPO			, , , , ,	
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IX. DESCRIPTION OF HAZ	ARDOUS WASTES	(continued from fro	ont)	· · · · · · · · · · · · · · · · · · ·	THE STATE OF THE S			
A. MAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261,31 for each listed hazardous waste from non-specific sources your Installation handles. Use additional sheets If necessary.								
1 1 23 · B0 7 1 23 · B0	8 8 8 33 · 30	3 3 20 · Pf 9 0	82 · 80 10	\$ 11 · 30 · 30 · 30 · 30 · 30 · 30 · 30 ·	82 - 26 12 12			
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261,32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.								
18 19 19 19 23 - 96 25 25 25	20 20 26 23 - 26	18 23 - 24 21 23 - 44 27 27	23 - pt 22 - pt 22 - pt 28 - pt	23 - 26 23 - 26 23 - 26 29 - 36	23 - 24 24 23 - 26 30			
C. COMMERCIAL CHEMICAL F	RODUCT HAZARDOURS which may be a hazar	JS WASTES. Enter the room waste. Use additional section waste.	e four-digit number fri ional sheets if necessary	om 40 CFR Part 261.33	for each chemical sub-			
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6. LISTED INFECTIOUS WAST hospitals, medical and research	ES. Enter the four—dig h laboratories your instr	pit number from 40 CF allation handles. Use a	R Part 261.34 for each dditional sheets if neces	listed hazardous waste sery.	from hospitals, veterinary			
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E. CHARACTERISTICS OF NOI hazardous westes your installa	N-LISTED HAZARDO	IUS WASTES. Mark " FR Parts 261,21 - 26	X" in the boxes corresp 1.24.)	onding to the character	istics of non-listed			
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
Oracle O	5a . a		TREE (type or pr	_	DATE SIGNED			

I.D. - FOR OFFICIAL USE ONLY

E/A Form 8700-12 (6-80) REVERSE

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. <u>THE ATTACHED</u> COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.

Date: 2//	8/94
Facility Name	e: New York Delephone Co
YOUR NOT	IFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS ESSED DUE TO THE FOLLOWING:
I)	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
II)	Name of Installation is incomplete.
III)	Location of Installation is insufficient. Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
IV)	Installation Mailing Address is incomplete.
V)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
VI)	Installation Contact Address is Incomplete.
VII)	Ownership information is incomplete.
VIII)	Type of Regulated Waste Activity Hazardous Waste: 1 Generator status is incomplete.
	2 Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
	3 Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
IX)	Description of Regulated Wastes is incomplete. Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
X)	Certification is insufficient. Please provide an <u>original</u> signature in the Certification section. Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification. (over,)

XI) <u>/</u>	Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the COMMENTS SECTION (Part XI) of the form, or in a separate letter. Please resign the form with an original signature in the Certification area. FAILURE TO
Take: 85	PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN
	INTERESTED PARTY.
XII)	Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.
XIII)	Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to
	The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number. The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.
	The above named installation is the previous operator at this location.
	Other. Please explain

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.

Day 3/25/	94
Date: 3/10/	(1011) 1 1 1
Facility Name:	My Delephone Co
YOUR NOTIF	FICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS SSED DUE TO THE FOLLOWING:
	You have submitted a Subsequent Notification form. Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
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IV)	Installation Mailing Address is incomplete.
V)	Installation Contact is incomplete. Please provide the contact person's name, job title, and phone number.
VI)	Installation Contact Address is Incomplete.
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	3 Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your 8State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
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(X)	Certification is insufficient.
	Please provide an <u>original</u> signature in the Certification section.
	Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.
	(over,)

	1.110 OCD M77 1.27
XI) V	NYD 980 777 627 is the existing EPA Identification
	Number for your company, at the location you have specified. To update
. /	information previously provided, please resubmit your form as a Subsequent
7	Notification. Enter the previously assigned ID No. on the form in the
	appropriate block and attach a brief explanation of the changes in the
/	COMMENTS SECTION (Part XI) of the form, or in a separate letter. Please re-
	sign the form with an original signature in the Certification area. FAILURE TO
	PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT
1810,393	IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN
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	The above named installation is in the same building/complex.
	Please provide a more detailed address for your facility under Location of
	Installation on the form. A more specific address would include a street
	number, cross street, room/suite number, floor number, section number,
	block/lot number, mile post marker, N, S, E, or W wing, box no. at the
	site (NOT a PO Box), or a rural delivery number.
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	List the property owner's name and address in the comments section
	(Part XI) of your form and note them as the property owner. Please
	provide a detailed address for the property owner on the form. This
	should include a street number, cross street, room/suite number, floor
	number, section number, block/lot number, mile post marker, N, S, E, or
	W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
A margar star	
	The above named installation is registered as the previous owner of the
	property or prior business.
1	List the above named company's name and address in the comments
	section (Part XI) of your form and note them as the previous property
	owner or previous business owner and complete Part VII D of your form.
	The above named installation is the previous operator at this location.
1	Other. Please explain.
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